



08-14-01

002

G8/1642#

Docket No:  
Patent

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: *Edward LaVallie and Lisa Racie*Serial No.: *08/848,439*Group Art No.: *1642*Filed: *May 8, 1997*Examiner: *S. Ungar*For: *Human SDF-5 Protein and Compositions*

Confirmation No.:

Customer Number: *25291*Commissioner for Patents  
Washington, DC 20231

RECEIVED

AUG 20 2001

TECH CENTER 1600/2900

Sir:

AMENDMENT TRANSMITTAL LETTER

- Transmitted herewith for filing is an amendment for this application.

PETITION FOR EXTENSION OF TIME

- (a) Applicant petitions for an extension of the time for the total number of months checked below:

<input type="checkbox"/>	One Month.	Fee in the amount of	\$	110.00
<input type="checkbox"/>	Two Months.	Fee in the amount of	\$	390.00
<input checked="" type="checkbox"/>	Three Months.	Fee in the amount of	\$	890.00
<input type="checkbox"/>	Four Months.	Fee in the amount of	\$	1,390.00
<input type="checkbox"/>	Five Months.	Fee in the amount of	\$	1,890.00

**CERTIFICATE OF MAILING 37 CFR §1.10**

I hereby certify that this paper and the documents referred to as enclosed therein are being deposited with the United States Postal Service on the date written below in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number *EL 564796930US* addressed to the Commissioner for Patents, Washington, DC 20231.

*August 13, 2001*  
Date

*Ellen J. Kapinos*

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If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

- ☐ An extension for \_\_\_\_\_ month(s) has already been secured and the fee paid therefor of \$0.00 is deducted from the total fee due for the total months of extension now requested.

OR

- (b) ☐ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

Extension fee due with this request:

FEE FOR CLAIMS

3. The fee for claims has been calculated as shown below:

CLAIMS AS AMENDED					
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3) HIGHEST NUMBER PAID FOR	(4) NUMBER EXTRA x RATE		(5) ADDITIONAL FEE
TOTAL CLAIMS			0	X \$ 18.00	0.00
INDEPENDENT CLAIMS			0	X \$ 80.00	0.00
MULTIPLE DEPENDENCY FEE				\$ 270.00	
				<b>Total Amendment Fee:</b>	\$0.00

- ☒ No additional fee for claims is required.  
☐ Total additional fee for claims required: \$0.00.

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4. Method of Payment of Fees: **07-1060**  
Charge Deposit Account No. ~~01-1300~~ in the amount of: ~~\$0.00~~ **\$890.00**  
**A duplicate of this transmittal is attached.**
5. Instructions as to Overpayment:  
Credit any overpayment to Deposit Account No. **07-1060**
6. Authorization to Charge Additional Fees  
☒ If any additional extension and/or fee for claims is required, charge  
Account No. **07-1060**

Respectfully submitted,

*Ellen J. Kapisios*

Attorney for Applicants  
Reg. No. **32,245**

American Home Products Corporation  
Patent Law Department  
Five Giralda Farms  
Madison, NJ 07940-0874  
Tel. No.